(Department, bureau, or establishment) Voucher prepared at (Give place and date) THE UNITED STATES, Dr., Payee's Account No. (Payee) (Address) (City) (State) (Address) (City) (State) (Cost (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) (Cost Cost Cost Cost PAYMENT: Complete Partial Use continuation sheet(s) if necessary Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not been received. STATINTL (Sign original only) Date 4/18/58 *Pavee not required when a like surtificate is made by sayee on attached bill or billio (Signature or initials) & Cost Amount verified; correct for (Signature or initials)	S. COST REIMBURSA	Bliff.					·			
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CONTINUATION SHEET

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